



Office of the Registrar
Campus Box 69
Milledgeville, GA 31061-0490
In Georgia (800) 342-0471
(478) 445-6288

Request for Replacement Diploma

Name as found on Academic Record (First, Middle, Last) *

Social Security Number

Date of Graduation

Degree

Major

Honors (Summa, Magna, Cum Laude)

Address to which diploma is to be mailed:

Street Address

City

State

Zip Code

Daytime phone number _____

E-mail address _____

*If you would like a different name on the diploma, legal documentation is required.

Signature _____

There is a \$10.00 replacement fee for each copy requested.

Internal Use Only:

Date Received _____ Date mailed _____ Receipt or check number _____